

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF
R.C., MA, LMHC, MHP

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MHP

ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, R.C., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I identify as a transgender non-binary person and use they/them pronouns. I live
5 in Seattle, Washington.

6 3. I am choosing to use my initials because I fear possible repercussions for my
7 career and retaliation from the Federal Government.

8 4. I am a mental health counselor and professionally licensed by the Washington
9 State Department of Health. I earned a Master of Arts in Psychology in 2015 and a Bachelor of
10 Arts in Psychology in 2012 from Seattle University. I received additional training in the forms
11 of psychotherapy that I use as a mental health counselor, namely Eye-Movement and
12 Desensitization Reprocessing to treat trauma, Dialectical Behavioral Therapy to treat difficulties
13 with emotional dysregulation, Child-Centered Play Therapy to treat mental health conditions in
14 children, and Gender-Affirming Care for transgender and gender non-conforming children,
15 youth, and adults.

16 5. I provide mental health counseling services to persons of all ages, but my primary
17 focus is on children, adolescents, and young adults. My counseling philosophy is client-centered
18 and trauma-informed. This means that the client is first and foremost the expert on their
19 experience, and I approach my clients with compassion and curiosity. My goal is to support my
20 clients in finding their unique path towards recovery.

21 6. I began my career as a mental health counselor in 2015 at a community mental
22 health agency. I first worked with transgender youth and adults there. I became interested in this
23 area of practice and wanted to work with more transgender clients.

24 7. In 2020, I began transitioning to private practice and I have been in full time
25 private practice since fall of 2021. The primary focus of my practice and the majority of clients
26 I see now are LGBTQIA+ children, youth, and adults. I estimate that I have treated about 40-50

1 transgender patients over the past 6-7 years. My professional relationship with my patients
2 generally lasts several months to several years, with 55-minute sessions either weekly or bi-
3 weekly, where we address challenges with emotional dysregulation, depression, anxiety,
4 impulsivity, maladaptive coping mechanisms, traumatic experiences, and early childhood
5 attachment wounding. In my work with children, I also meet monthly with caregivers to provide
6 parent coaching and psychoeducation, and with consent, I interface with teachers and other
7 important systems in the child's life when clinically indicated.

8 8. At times, I provide mental health assessments of persons seeking gender-
9 affirming medical care. These assessments are necessary to determine whether certain gender-
10 affirming medical care, including puberty blockers and hormone therapy for youth and gender-
11 affirming surgery for adults, are appropriate treatments. I follow the World Professional
12 Association for Transgender Health (WPATH) Standards of Care to determine whether
13 candidates for gender-affirming medical care meet the criteria for a diagnosis of gender
14 dysphoria in the DSM-5. The WPATH Standards of Care are based upon peer-reviewed
15 scientific research and expert consensus in the field for best practice. They have been revised
16 accordingly as new research has become available. If an assessment shows that an adolescent
17 persistently and consistently over six or more months identifies with a gender that differs from
18 their sex assigned to them at birth, gender-affirming medical care may be an option for them. If
19 the adolescent and their parents decide that they would like to pursue gender-affirming medical
20 care, I conduct an assessment to determine whether the youth meets criteria for the desired
21 medical intervention. If, based on my assessment, the youth is an appropriate candidate for
22 gender-affirming medical care, I write a letter explaining and affirming the assessment. I
23 estimate that I have written ten such letters for gender-affirming medical care for youth and
24 adults.

25 9. The process for a transgender adolescent to obtain a letter from me is one that is
26 well-considered and deliberate. I have a set of questions I ask to assess both their mental health

1 and whether gender-affirming medical care would be appropriate. I assess the patient's history
 2 of mental health diagnoses and treatment, their social history, educational history, history with
 3 trauma or abuse, substance abuse history, incidents of suicidal ideation or self-harm, medical
 4 conditions, and current stressors. Questions to assess the appropriateness of gender-affirming
 5 medical care include the following: When did you first realize your sex assigned at birth did not
 6 match your gender identity? How would you describe your gender identity? What are your goals
 7 for your transition? What are your hopes and expectations for gender-affirming medical care?
 8 What are your concerns about the short and long-term effects of gender-affirming medical care?
 9 How do you envision yourself in the future? Have you transitioned socially with family, friends,
 10 at school, etc.? How have your social supports responded to your transition? What are your
 11 coping skills? How do you manage stress? These questions and others are designed not only to
 12 assess the persistency and consistency of a youth's gender identity, but also to raise a discussion
 13 and consideration of the benefits and risks of gender-affirming medical care, including the short
 14 and long-term effects, and the permanency of certain changes.

15 10. In my experience, transgender clients have often done extensive research on the
 16 gender-affirming medical care they are seeking prior to meeting with me. They know what they
 17 want and what they do not want. They have considered the permanency of the changes that will
 18 occur and the long-term effects such as a potential loss in fertility. They have thought about other
 19 options for having children such as adoption or freezing their eggs or sperm. It has been my
 20 experience for both youth and adults that this is a very well-thought-out decision and that those
 21 that decide to move forward feel that the benefits outweigh the risks.

22 11. For youth, my assessment is one step in a multi-step process that also includes
 23 conversations with parents/caregivers and education from the doctor administering the gender-
 24 affirming treatment. In Washington, at least one parent's consent is legally required but most
 25 clinics require that both parents consent. Many clinics and doctors who provide gender-affirming
 26

1 medical care also have long waiting lists, which gives patients and parents time to process all
2 the information and come to a well-reasoned and informed decision.

3 12. Gender-affirming medical care is just one option for helping transgender/non-
4 binary adolescents to be seen by others as their authentic self. I explore other options with my
5 patients as well, including social transition (changing name and/or pronouns, changing hair and
6 clothing to match gender identity, etc.). I explain that you don't have to receive gender-affirming
7 medical care to be transgender. It's not the only option. I know many transgender people, both
8 youth and adults, who have chosen to NOT transition medically. Gender transition is a unique
9 process for each individual person.

10 13. In my experience, clients who elect and have received gender-affirming medical
11 care seem so much more comfortable with themselves and out in the world. Changing their
12 physical presentation relieves the burden of having to be constantly "outed", misgendered, and
13 in fear of being harassed. Other mental health symptoms, such as anxiety, depression, and
14 suicidal ideation often decrease or resolve. There are other benefits as well. For example, many
15 individuals who are transitioning to a masculine presentation bind their chest to hide their
16 breasts. Binding is physically uncomfortable and is also associated with long-term health risks.
17 After top surgery, binding is no longer necessary.

18 14. The timing of when someone receives gender-affirming medical care is important
19 to the results that person experiences. If you're assigned female at birth and transitioning to male,
20 and you receive puberty blockers and then hormone therapy, you would never develop breasts,
21 for example. This means that top surgery would be unnecessary in the future. For people who
22 are assigned male at birth and are transitioning to female, their voice will never drop, a common
23 challenge for adult transgender females. This is one of my arguments in favor of gender-
24 affirming care for minors. There are true benefits for the future in terms of helping transgender
25 people choose how people see them, which lessens their depression, anxiety, suicidal ideation,
26 despair, hopelessness, and fear. Additionally, puberty blockers give the youth more time to

1 carefully consider whether they would like to pursue HRT (hormone replacement therapy).
2 Many adult transgender patients of mine have expressed their regret that gender-affirming care
3 was unavailable to them when they were young.

4 15. I understand that the President of the United States has issued an Executive Order
5 that restricts and criminalizes providing gender-affirming care to everyone under 19 years old.
6 The Federal Government's policy will have a variety of impacts on my work. My practice
7 recently began accepting Medicare payment, and this Executive Order would prohibit that form
8 of reimbursement. This Executive Order is causing immediate harm to the mental health of my
9 clients. They are legitimately concerned and anxious that they will be unable to receive the
10 medical care they need, and that it will impact their emotional well-being and ability to function
11 in the world. They will also become more vulnerable to harassment, especially because this
12 Executive Order normalizes and promotes anti-trans rhetoric and feelings. I have clients who are
13 already having setbacks in effectively resolving past trauma in therapy due to fears about their
14 safety and/or ability to access care.

15 16. This Executive Order further intervenes in the careful process I use to improve
16 the health of my patients. The Order replaces my judgment as a mental health care professional
17 with the judgment of the President.

18 17. I am bound by the American Counseling Code of Ethics (ACA) to support my
19 clients in improving their mental health. By prohibiting gender-affirming care for people under
20 19, this Executive Order would force me to violate my ethical and moral duty to support my
21 patients in accessing gender-affirming medical care when it is determined that it is the best
22 course of treatment for a particular individual. Either I risk losing my professional license and
23 potentially incur financial penalties or worse, or I fail to serve my patient.
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26

1 I declare under penalty of perjury under the laws of the State of Washington and the
2 United States of America that the foregoing is true and correct.

3 DATED this 4th day of February 2025, at Seattle, Washington.

4 *RC*

5 R.C, MA, LMHC, MHP
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